

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3793 63 025733

FILED JUL 12 1963

VS 300 Rev. 4/59	DATE AMENDED
1	
2	220
3	2
4	3
5	1
6	
7	1
8	1
9	
10	
11	200
12	90-3
13	
90	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2709 1/2 Howard St.		d. STREET ADDRESS (If outside, give location) 2709 1/2 Howard	
3. NAME OF DECEASED (Type or print) First Middle Last Henrietta Kelly Carthon		4. DATE OF DEATH Month Day Year April 1, 1963	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-18-1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At home	
11a. FATHER'S NAME James Kelly		11b. MOTHER'S MAIDEN NAME Mary Sue Fearn	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		13. SOCIAL SECURITY NO. [redacted]	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Formaldehyde Poisoning. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO Exact cause and manner and time of DUE same could not be determined.		15. BIRTHPLACE (City and state or country) E. St. Louis, Mo.	
16. NAME OF HUSBAND OR WIFE She Carthon		17. ADDRESS 459 Columbia Place	
18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OPEN VERDICT 8830		19. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OPEN VERDICT	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) see above	
20c. TIME OF INJURY Hour 2 a.m. p.m. Month, Day, Year ? 63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20 Home		20f. CITY, TOWN, OR LOCATION St. Louis Mo	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ 1963 on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Paul Simon Deputy Coroner		22b. ADDRESS 1300 Clark	
22c. DATE 4-3-63		22d. DATE SIGNED 4/3/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. NAME OF CEMETERY OR CREMATORY Sunset Garden Amory	
23c. LOCATION (City, town, or county) E. St. Louis, Mo.		23d. FUNERAL DIRECTOR Nash Funeral Home	
24. ADDRESS 111 N. 13th St.		25. DATE RECD. BY LOCAL REG. APR 3 1963	
26. REGISTRAR'S SIGNATURE Paul Smith, M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Mr. James Nash*

Licensed Embalmer No. 4434

P. O. Address 111 N. 13th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.